



Washington State Health Care Authority
Public Employees Benefits Board
P.O. Box 42684 • Olympia, Washington 98504-2684
www.hca.wa.gov/public-employee-benefits

May 1, 2020

TO: Personnel, Payroll, and Insurance Offices of Educational Service Districts (ESDs) and K-12 School Districts with board members participating in PEBB benefits

FROM: Amy Corrigan
PEBB Outreach & Training

SUBJECT: Fiscal Year (FY) 2020-21 PEBB Program Rates—Composite

Beginning September 1, 2020 (FY 2020-21), the monthly employer base rate will be \$976 per employee per month. These rates were established in ESHB 1109 66th Legislature, 2019 Regular Session and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

This change does not impact employee contributions or COBRA/Continuation coverage (LWOP) rates, which will remain the same until January 1, 2021. You will receive notification of the 2021 rates in the fall, prior to the PEBB Program open enrollment.

In addition to the employee medical plan premium, employees may be subject to a monthly \$25-per-account tobacco use and/or \$50 spouse or state-registered domestic partner coverage premium surcharge.

As a reminder, you must pay the full employer base-funding rate for every eligible employee as outlined in Title 182 WAC, including for those who waive medical coverage. Employee contributions will automatically be added to your billed rate. You are responsible for collecting the employee contributions and any applicable premium surcharges and sending the total billed amount to the HCA.

If you have questions, please contact me at 360-725-0826 or amy.corrigan@hca.wa.gov.

cc: Kate LaBelle, ERB Fiscal Information and Data Analyst

Washington State Health Care Authority
 2020 PEBB Rate Book
 Composite Active Rates for ESDs
 September 1, 2020 through December 31, 2020

	09/01/20 through 6/30/21	01/01/20 through 12/31/20				09/01/20 through 12/31/20			
Plan	Base Rate	Employee Contributions				Total Premium			
		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$976.00	\$140.00	\$290.00	\$245.00	\$395.00	\$1,116.00	\$1,266.00	\$1,221.00	\$1,371.00
Kaiser Permanente NW CDHP	\$976.00	\$25.00	\$60.00	\$44.00	\$79.00	\$1,001.00	\$1,036.00	\$1,020.00	\$1,055.00
Kaiser Permanente WA Classic	\$976.00	\$176.00	\$362.00	\$308.00	\$494.00	\$1,152.00	\$1,338.00	\$1,284.00	\$1,470.00
Kaiser Permanente WA Value	\$976.00	\$100.00	\$210.00	\$175.00	\$285.00	\$1,076.00	\$1,186.00	\$1,151.00	\$1,261.00
Kaiser Permanente WA SoundChoice	\$976.00	\$42.00	\$94.00	\$74.00	\$126.00	\$1,018.00	\$1,070.00	\$1,050.00	\$1,102.00
Kaiser Permanente WA CDHP	\$976.00	\$27.00	\$64.00	\$47.00	\$84.00	\$1,003.00	\$1,040.00	\$1,023.00	\$1,060.00
Uniform Medical Plan Classic	\$976.00	\$104.00	\$218.00	\$182.00	\$296.00	\$1,080.00	\$1,194.00	\$1,158.00	\$1,272.00
Uniform Medical Plan Plus	\$976.00	\$69.00	\$148.00	\$121.00	\$200.00	\$1,045.00	\$1,124.00	\$1,097.00	\$1,176.00
Uniform Medical Plan CDHP	\$976.00	\$25.00	\$60.00	\$44.00	\$79.00	\$1,001.00	\$1,036.00	\$1,020.00	\$1,055.00
Surcharges									
Tobacco Use Surcharge		\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver (AV) Surcharge		\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00